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**FAX TRANSMISSION****DATE:** June 12, 2006**PTO IDENTIFIER:** Application Number 10/765,437-Conf. #1536  
Patent Number**Inventor:** Wade Spital**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATENT LAW OFFICES OF MICHAEL E. WOODS

Michael E. Woods

**PHONE:** (415) 388-0830**Attorney Dkt. #:** 20056-7002**PAGES (Including Cover Sheet):** 11**CONTENTS:** Fee Transmittal (1 page)  
Notice of Appeal (1 page)  
Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Fee Attached  
Pre-Appeal Brief Request For Review (5 pages)  
Charge \$250.00 to credit card  
Certificate of Transmission (1 page)

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JUN 12 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete If Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/765,437-Conf. #1536 Filing Date: January 26, 2004 First Named Inventor: Wade Spital Examiner Name: J. D. Walters Art Unit: 3618 Attorney Docket No.: 20056-7002	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 250.00			

  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: 50-3427    Deposit Account Name: Patent Law Offices of Michael E. Woods	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

  

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>																																			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																			
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>																														
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>																												
Utility	300	150	500	250	200	100																													
Design	200	100	100	50	130	65																													
Plant	200	100	300	150	160	80																													
Reissue	300	150	500	250	600	300																													
Provisional	200	100	0	0	0	0																													
<b>2. EXCESS CLAIM FEES</b>																																			
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>																												
Each claim over 20 (including Reissues)							50																												
Each independent claim over 3 (including Reissues)							200																												
Multiple dependent claims							360																												
<table style="width: 100%;"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td colspan="7">           HP = highest number of total claims paid for, if greater than 20.         </td> </tr> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td colspan="3"></td> </tr> <tr> <td colspan="7">           HP = highest number of independent claims paid for, if greater than 3.         </td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	HP = highest number of total claims paid for, if greater than 20.							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				HP = highest number of independent claims paid for, if greater than 3.							
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																													
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<b>3. APPLICATION SIZE FEE</b>																																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																															
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____																																			
<b>4. OTHER FEE(\$)</b>																																			
Non-English Specification, \$130 fee (no small entity discount)																																			
Other (e.g., late filing surcharge): 2401 Notice of appeal							250.00																												

  

<b>SUBMITTED BY</b>			
Signature	/Michael E. Woods/	Registration No. (Attorney/Agent)	33,466
Name (Print/Type)	Michael E. Woods	Telephone	(415) 388-0830
		Date	June 12, 2006

JUN 12 2006

PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/765,437-Conf. #1536
		Filing Date	January 26, 2004
		First Named Inventor	Wade Spital
		Art Unit	3618
		Examiner Name	J. D. Walters
Total Number of Pages in This Submission		Attorney Docket Number	20056-7002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Pre-Appeal Brief Request For Review (Request and Argument)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	PATENT LAW OFFICES OF MICHAEL E. WOODS	
Signature	/Michael E. Woods/	
Printed name	Michael E. Woods	
Date	June 12, 2006	Reg. No. 33,466